

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1							51			
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44							94			
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46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.	9		
TOTAL DEP.							TOTAL DEP.	15		
TOTAL CLAIMS							TOTAL CLAIMS	24		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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